

CHSB

VPN User Application

Last Name: First Name:

e-mail: Work Phone:

Address: City: State: Zip:

Vendor State Police CHSB Staff Gun Dealer Police Department

Organization:

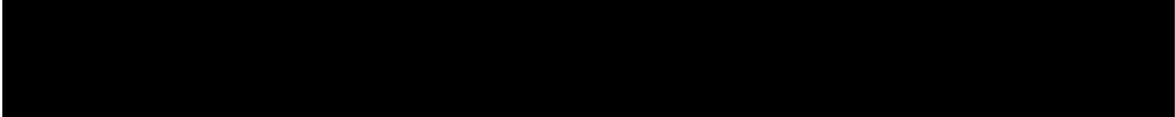
Other Servers and/or Services not listed above:

System Configuration:

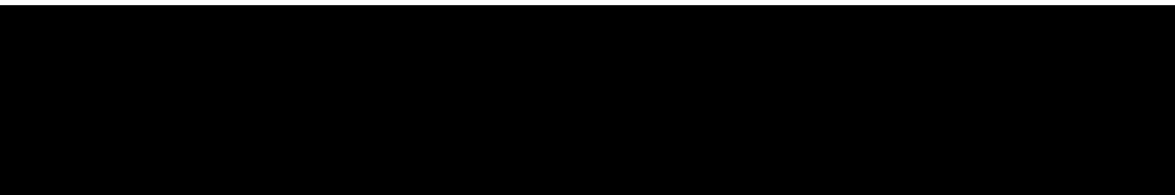
WinNT / Win2K / WinXP / Win98/ME System RAM: _____

User Information:

IMPORTANT – Please follow the password guidelines below!

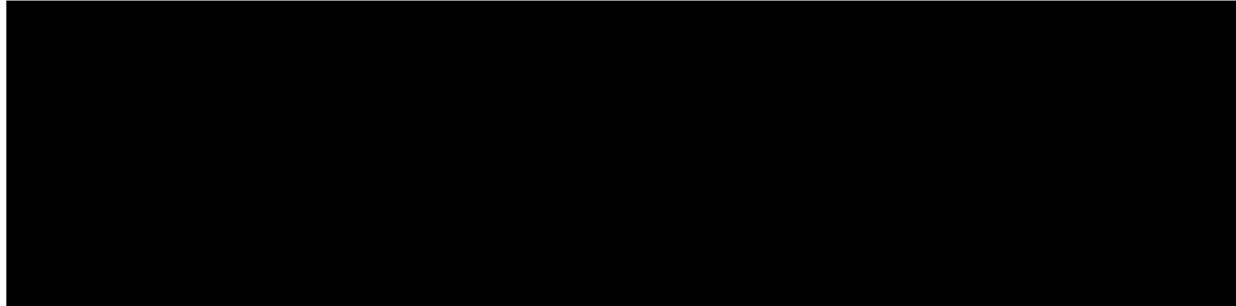


Password: _____



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For CHSB use only:



Approval: _____ Date: _____